

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000001312 (4)
 1. Corporation Name
EISNER SECURITIES, INC.



Principal Place of Business 8228 CLAYTON RD., STE. 204 ST. LOUIS MO 63117	Mailing Address 8228 CLAYTON RD., STE. 204 ST. LOUIS MO 63117
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Zip	26 Country
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31 Applied For		32 Not Applicable	
33 Certificate of Status Desired <input type="checkbox"/>		34 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		35 \$8.75 Additional Fee Required	
36 \$5.00 May Be Added to Fees		37 This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAISELBERG, NEIL 2699 COLLINS AVE, STE. 125 MIAMI BEACH FL 33140				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Neil Vaiselberg* DATE: **2/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, NEIL A	1.2 NAME	
STREET ADDRESS	40 PASCAL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUSTIN TX 78746	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, TEITSA	2.2 NAME	
STREET ADDRESS	40 PASCAL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUSTIN TX 78746	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, BRUCE D	3.2 NAME	
STREET ADDRESS	235 ST. DANIEL DR.	3.3 STREET ADDRESS	Oakes, Bruce D.
CITY - ST - ZIP	FLORISSANT MO 63031	3.4 CITY - ST - ZIP	1046 Wrought Iron
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Manchester MO 63011
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)